



King County

Benefits, Payroll and
Retirement Operations

Benefit Costs

Transit ATU 587: Partial Benefits Plan

Medical

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
KingCareSM Gold (Regence) 2015 (\$512.79 paid by county) 2016 (\$469.22 paid by county)	2015 \$ 284.73 2016 \$ 303.80	2015 \$ 1,091.20 2016 \$ 1,066.19	2015 \$ 928.22 2016 \$ 913.71	2015 \$ 1,734.69 2016 \$ 1,676.10
KingCareSM Silver (Regence) 2015 (\$475.20 paid by county) 2016 (\$432.78 paid by county)				
KingCareSM Bronze (Regence) 2015 (\$456.65 paid by county) 2016 (\$414.80 paid by county)				
SmartCare Connect Gold (Group Health) 2015 (\$432.52 paid by county) 2016 (\$464.96 paid by county)	2015 \$ 106.75 2016 \$ 114.65	2015 \$ 640.50 2016 \$ 687.88	2015 \$ 533.75 2016 \$ 573.23	2015 \$ 1,067.51 2016 \$ 1,146.46
SmartCare Connect Silver (Group Health) 2015 (\$418.67 paid by county) 2016 (\$450.07 paid by county)				
SmartCare Connect Bronze (Group Health) 2015 (\$405.65 paid by county) 2016 (\$436.07 paid by county)				

Dental

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
Delta Dental of Washington 2015 (\$32.05 paid by county) 2016 (\$32.83 paid by county)	\$ 32.04 \$ 32.82	\$ 96.13 \$ 98.47	\$ 83.32 \$ 85.34	\$ 147.41 \$ 150.99

Vision

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
Vision Service Plan 2015 (\$6.23 paid by county) 2016 (\$6.18 paid by county)	\$ 6.22 \$ 6.17	\$ 18.67 \$ 18.53	\$ 16.18 \$ 16.06	\$ 28.63 \$ 28.41

Supplemental life insurance

Age	Monthly cost per \$25,000 supplemental life for you	Monthly cost per \$25,000 supplemental life for your spouse or domestic partner	Calculate your total monthly cost for supplemental life	
Under 25	\$ 0.625	\$ 1.100	Enter cost/\$25,000 for your age here	1. \$ _____
25-29	\$ 0.750	\$ 1.325	Enter 1 for \$25,000 for yourself here Enter 2 for \$50,000 for yourself here Enter 3 for \$75,000 for yourself here Enter 4 for \$100,000 BAS for yourself here	2. _____
30-34	\$ 1.025	\$ 1.750		
35-39	\$ 1.025	\$ 1.975		
40-44	\$ 1.300	\$ 2.200	Multiply line 1 by line 2 and enter the answer here	3. \$ _____
45-49	\$ 2.075	\$ 3.300	If you elect supplemental life for your spouse/ domestic partner, enter 0.5 here; if not, enter 0	4. _____
50-54	\$ 3.575	\$ 5.050	Multiply line 2 by line 4 and enter the answer here	5. _____
55-59	\$ 6.350	\$ 9.450	Enter the rate of supplemental life/\$25,000 for your age (not your spouse/domestic partner's age) from the third column here	6. \$ _____
60-64	\$ 8.475	\$ 14.525		
65-69	\$ 14.475	\$ 27.950	Multiply line 5 by line 6 and enter the answer here	7. \$ _____
70+	\$ 23.525	\$ 45.325	If you elect supplemental life for children, enter \$0.901 here; if not, enter 0	8. \$ _____
Add lines 3, 7 and 8 for your estimated total monthly cost here				9. \$ _____

Supplemental long-term disability (LTD) insurance = \$5.50 per month

Supplemental accidental death and dismemberment (AD&D) insurance

If you elect this supplemental amount	Monthly cost for you	Monthly cost to cover your spouse/domestic partner at 50% of your amount	Monthly cost to cover your spouse/domestic partner at 100% of your amount	Monthly cost to cover all children at 10% of your coverage amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50